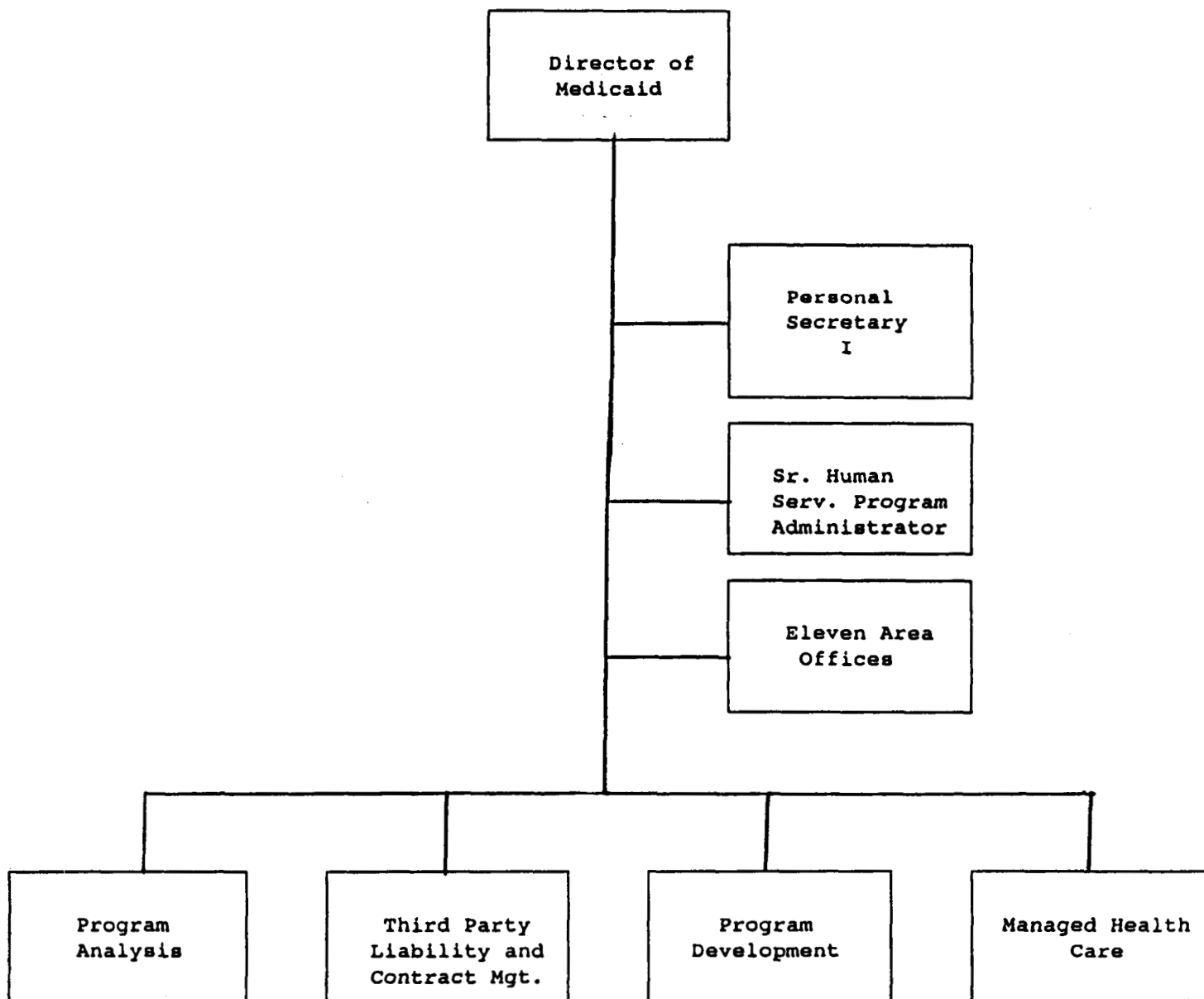


AGENCY FOR HEALTH CARE ADMINISTRATION
MEDICAID OFFICE



Amendment 93-39
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ORGANIZATION AND FUNCTION OF THE MEDICAID OFFICE

Attachment 1.2-B, Page 1 shows the organizational chart of the Medicaid Office. The major functions of the four administrative units and the eleven area offices are discussed below. Also listed is the Program Integrity unit, which is under the supervision the Inspector General for Health Care Administration.

Program Analysis

Provides the planning, research, evaluation, analysis and reporting capabilities required by the Medicaid program in the area of cost reimbursement, fiscal and budget planning, data analysis and forecasting, and alternative health plans. Directs audit programs.

Program Development

Develops, coordinates, implements and monitors Medicaid program policy so that compliance with state and federal laws is ensured and that services are made available in the most cost effective manner; and administers the program's medical authorization function. Plans and implements Medicaid provider and consumer relation activities and exceptional claims resolution, and enrolls Medicaid non-institutional providers.

Managed Health Care

Plans, develops, implements and monitors managed care programs, including home and community based waivers and freedom of choice waivers, prepaid health plans, and demonstration grant programs. Directs special projects.

Medicaid Third Party Liability and Contract Management

Plans, develops and implements third party liability policies and procedures. Manages contract for fiscal agent services to develop, operate and maintain the Florida Medicaid Management Information System (FMMIS). Oversees Medicaid eligibility program policies and procedures.

Area Medicaid Offices

The state is divided into eleven area Medicaid offices, which are under the direct supervision of the Director for Medicaid. The area offices are the local liaison to Medicaid providers and local Department of Health and Rehabilitative Services staff. The area offices are responsible for claims resolution, institutional quality of care monitoring, program training and program reviews.

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Area offices have the following professional medical personnel and supporting staff:

* **Registered Nurse Specialist (30.5 positions):** Plans, coordinates and directs activities for the medical review functions and requests for service authorizations relating to EPSDT services for children under 21 years of age.

* **Clerk Typist Specialist (3 positions):** Provides typing assistance for Registered Nurse Specialists.

* **Word Processing Systems Operator:** Provides word processing support for Registered Nurse Specialists.

Office of Program Integrity (Under supervision of the Agency for Health Care Administration's Inspector General's office)

Administers Medicaid utilization control and fraud and abuse investigative functions and monitors various quality of care requirements. This includes ensuring that appropriate services are furnished, detecting and investigating possible fraud and abuse; determining overpayments to providers and recouping inappropriate payments; educating providers concerning Medicaid policy; coordinating administrative sanctions and referring providers (when appropriate) to the Medicaid Fraud Control Unit in the Office of the Auditor General for criminal investigation.

Program Integrity has the following professional medical personnel:

* **Pharmaceutical Program Manager:** Supervises professional staff and coordinates functions of the medical records review and drug utilization review program.

• **Senior Pharmacist (four positions):** Professional staff for medical records review and drug utilization review activities.

* **Registered Nursing Consultant (thirteen positions):** Plans, coordinates and directs activities for medical records review functions for use in fraud and abuse investigations.

AGENCY FOR HEALTH CARE ADMINISTRATION
MEDICAID OFFICE
Description of Staff

Administrative Unit

Director of Medicaid: Directs the program planning and development of the Florida Title XIX, Medicaid program.

Executive Secretary: Acts as personal secretary to the Director.

Senior Human Services Program Specialist: Serves as administrative assistant to the Director. Performs office management functions and duties related to special assignments and projects.

**Program Analysis
Administrative Unit**

Chief: Provides the planning, research, evaluation, analysis and reporting capabilities required by the Medicaid program in the areas of fiscal and budget planning, data analysis and forecasting, cost reimbursement, and alternative health plans.

Staff Assistant: Organizes and administers the daily administrative and operational functions of the office. Carries out public relations activities and performs research in connection with correspondence.

Fiscal Planning, Data and Research Section

Senior Management Analyst II/Coordinator: Develops the legislative budget request for Medicaid, represents the agency at the Social Services Estimating Conference, prepares data analysis and fiscal impacts.

Operations and Management Consultant Manager: Assists with development of legislative budget requests, prepares and tracks budget amendments, allocates and tracks the approved operating budget, and assists with drug rebate monitoring and tracking.

Medical/Health Care Program Analyst (five positions): Assists in the development of the legislative budget request and forecast, monitors and amends the budget, prepares extensive fiscal analyses, responds to all data requests, prepares drug rebate invoices, and tracks rebate receipts.

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Cost Reimbursement Planning and Analysis Section

Regulatory Analyst Supervisor (one position): Directs the Medicaid Cost Reimbursement Planning and Analysis Administrators in the development, coordination and evaluation of Medicaid cost reimbursement plans, methodologies, special reimbursement policy studies, and rate-setting functions.

Medicaid Cost Reimbursement Planning and Analysis Administrator (three positions): Develops, directs, coordinates, and evaluates Medicaid cost reimbursement plans, methodologies, special studies, and rate-setting functions.

Administrative Secretary (two positions): Assists with the preparation and typing of special documents and correspondence. Answers phones, greets the public, and maintains files.

Regulatory Analyst III (seven positions): Performs desk audits of cost reports for hospitals, nursing homes, intermediate care facilities for developmentally disabled, federally qualified health centers, and county public health units that participate in the Medicaid program. Processes changes in ownership of facilities, and performs rate setting functions.

Regulatory Analyst II (three positions): Performs desk audits of cost reports for hospitals, nursing homes, intermediate care facilities for developmentally disabled, federally qualified health centers, and county public health units that participate in the Medicaid program. Processes changes in ownership of facilities, and performs rate setting functions.

Regulatory Analyst I (one position): Assists in desk audits and rate setting functions.

Medical/Health Care Program Analyst (two positions): Conducts research on cost reimbursement issues and methodologies. Prepares legislative reports and conducts special policy studies. Assists the Medicaid Cost Reimbursement Planning Administrator in the development and evaluation of Medicaid cost reimbursement plans and methodologies.

Senior Human Services Program Specialist (one position): Assists in the development, evaluation, and implementation of Medicaid cost reimbursement methodologies for institutional providers. Promulgates administrative rules and coordinates state plan amendments.

System Project Analyst (two positions): Designs and maintains the computer system and software for use by all staff in the Cost Reimbursement section. This system provides storage, retrieval, rate setting, and statistical analysis for all institutional provider reimbursement programs.

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Computer Programmer Analyst II: Assists the System Project Analysts in maintaining the computer system and software and conducting statistical analysis for all institutional provider reimbursement programs.

Data Analysis Section

Systems Project Administrator: Develops, directs and coordinates all required systems development and data analysis required for the Medicaid office. Supervises preparation of budget forecast and reports. Analyzes computer hardware and software acquisitions and determines appropriate deployment. Develops and supervises rate-setting methodologies for the Medicaid programs.

Systems Project Analyst (three positions): Develops and maintains all required data systems. Performs required data analysis for policy decision-making, including budgeting, rate-setting and new program development. Coordinates data exchange with the fiscal agent, including ad hoc reporting and database extracts.

Audit Services Section

Audit Services Administrator (Chief Internal Auditor): Develops, directs, and coordinates audit programs, audits of cost reports for nursing homes, and initial fair rental value system asset base.

Administrative Secretary: Assists with preparation and typing of special documents and correspondence, and maintains files.

Audit Evaluation and Review Analyst (seven positions): Reviews cost reports of nursing homes and intermediate care facilities for developmentally disabled for acceptability, reviews audit working papers, represents the agency in the appeal process, and establishes the fair rental value system asset base.

**Managed Health Care
Administrative Unit**

Chief: Provides the planning, development, implementation and monitoring of managed care programs, including home and community based waivers, freedom of choice waivers, prepaid health plans, and demonstration grant programs.

Administrative Secretary: Provides secretarial support in order to maintain smooth work flow and accurate and timely completion of work assignments. Organizes and administers daily administrative and operational functions of the office.

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Home and Community Based Waivers Section

Program Administrator: Supervises the development of the Home and Community Based waivers and special projects. Coordinates the development of interprogram issues.

Administrative Secretary: Provides secretarial support in order to maintain smooth work flow and accurate and timely completion of work assignments.

Medical/Health Care Program Analyst (five positions): Develops program policies and procedures for waiver programs, monitors the provision of services and operation of the programs, and provides technical assistance to areas and other agency staff. Performs special projects as assigned.

* **Registered Nursing Consultant:** Plans, coordinates and directs activities for the medical review functions and requests for exceptions relating to Project Aids Care (PAC).

Health Maintenance Organization Section

Program Administrator: Supervises the development of program policies and procedures for prepaid health plan contracting, prepaid health plan contracts, and the development, implementation and operation of new prepaid health plan programs.

Administrative Secretary: Provides secretarial support in order to maintain smooth work flow and accurate and timely completion of work assignments.

Medical/Health Care Program Analysts (four positions): Develops prepaid health plan contracts and programs and demonstration grant projects.

Primary Care Case Management Section

Program Administrator: Supervises the development of the primary care case management program and the "Healthy Beginnings" contract. Coordinates interprogram issues.

Administrative Secretary: Provides secretarial support in order to maintain smooth work flow and accurate and timely completion of work assignments.

Medical/Health Care Program Analysts (five positions): Develops, expands and monitors the primary care case management program.

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**Medicaid Third Party Liability and Contract Management
Administrative Section**

Chief: Supervises the development of third party liability policies and procedures, and manages the contract for fiscal agent services to develop, operate and maintain the Florida Medicaid Management Information System.

Staff Assistant: Provides administrative support to the chief in order to maintain smooth work flow and timely completion of assignments.

**Third Party Liability
Program Policy/Resource Development Section**

Medical Health Care Program Analyst: Coordinates the development of third party policies and procedures, electronic data matches, system changes, state plan, action plan, waiver requests, and System Performance Review. Serves as liaison for state and federal audits.

Planner IV: Coordinates the development of third party policies and procedures, electronic data matches, system changes, state plan, action plan, waiver requests, and System Performance Review. Serves as liaison for state and federal audits.

Casualty Section

Insurance Administrator B: Supervises the handling of casualty cases and negotiates settlements.

Insurance Specialist III (five positions): Notifies attorneys and insurance adjusters of Medicaid payment for injury cases, prepares liens, negotiates settlements, and prepares releases and satisfactions of lien.

Human Services Program Records Analyst: Mails questionnaires to injured recipients and identifies returned questionnaires.

Secretary Specialist: Provides word processing support to the Casualty and Insurance Resource staff in order to maintain smooth work flow and timely completion of assignments.

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Insurance Resources Section

Insurance Administrator B: Supervises the input of third party liability data into the Florida Medicaid Management Information System, reviews claims pended for third party liability review, monitor cost avoidance activities, monitors the carrier billing system, and resolves third party liability related claim problems.

Insurance Specialist III: Answers insurance company inquiries, instructs providers about billing with third party liability, reviews claims pended for third party liability review, performs third party liability overrides for force pay claims, and processes Transfer of Assets forms.

Senior Clerks (four positions): Processes Insurance Carrier Turn Around Documents, enters third party liability data from HRS form 1293As and SSA form 8019, insurance carrier billings, mail insurance carrier claims, and follows up on suspected third party liability.

Research and Training Section

Research and Training Specialist (three positions): Provides third party liability related training to HRS area staff involved in entering third party liability data into the Florida Online Recipient Integrated Data Access System, and provides training to area Medicaid claim resolution staff.

Senior Clerk: Provides word processing support to the trainers.

Accounting Section

Accounting Services Supervisor: Reviews third party hospital audits, monitors collections from hospital audits, approves provider refunds, and reviews the preparation of the third party liability portion of the HCFA 64 report.

Administrative Secretary: Provides word processing support to the Accounting and Hospital Audit sections, and provides administrative support to the third party liability office.

Accountant IV: Prepares the third party liability portion of the HCFA 64 report, initiates Medicaid recoupments, and handles accounting technical problems.

Fiscal Assistant II: Classifies and records deposits in State Automated Management Accounting System.

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Fiscal Assistant I Produces cash receipts for all third party liability recoveries, assists with classifying and recording deposits, and reviews Medicare Part B cash receipts and denials.

Receipts Section

Accountant I: Processes provider request for refunds, and performs third party liability adjustments in Medicaid history claim files.

Fiscal Assistant II (two positions): Enters insurance carrier payments into the carrier billing file, handles applications of restitution payments, enters third party liability payments to adjust paid claim history, and follows up on outstanding claims on hospital audits.

Clerk Specialist: Receives and opens incoming mail and distributes to office staff, and prepares mail-in-log of refund checks.

Hospital Audit Section

Internal Auditor II (three positions): Conducts on-site audits of business records at Medicaid participating hospital providers to identify third parties who may be responsible for paying part or all of hospital services.

Eligibility Section

Program Administrator: Supervises the development of eligibility program policies and procedures including newborn processing and buy-in. Coordinates the recipient subsystem of the Florida Medicaid Management Information System and the development of interprogram issues.

Senior Human Services Program Specialist (three positions): Develops program policies and procedures for eligibility of Medicaid recipients, including States Legalization Impact Assistance Grant (SLIAG); monitors the provision of service and operation of programs, and provides technical assistance to the areas and other agency staff.

Administrative Secretary: Assists with typing documents and correspondence and maintaining files.